

SUBJECT: **INNOVATION, TECHNOLOGY AND ADVANCEMENT  
COMMITTEE (ITAC) RECOMMENDATIONS**

REFERENCE NO. 205.1

**PURPOSE:** To provide a summary of the recommendations of the Innovation, Technology and Advancement Committee.

**DEFINITIONS:**

**Implementation:** recommendations for use are based on committee findings supported by peer reviewed evidence, cost advantages, and operational benefit. Suitable for systemwide implementation as directed by the EMS Agency Medical Director.

**Optional Use:** recommendation for use are based on committee findings that there are minimal safety issues or potential for harm. Provider agencies maintain responsibility for education, training, and oversight of product/innovation use.

**Pilot:** recommendation for use require that an EMS provider agency complete a pilot project and submit pilot findings with data to the EMS Agency for approval prior to product/innovation use.

**Insufficient Data:** recommendation is based on available data that is insufficient in the ITAC's judgement to support use of the product/innovation at the time of its review. This recommendation may change with introduction of new/additional evidence.

**Date:** this refers to the date the recommendations of the ITAC was adopted by the EMS Agency.

**COMMITTEE RECOMMENDATIONS:**

Note: All vendors cited were those available to the ITAC committee at the time of committee review and in no way represent an endorsement of any one product.

PRODUCT / INNOVATION	Recommendation	Date
Certadose Anaphylaxis Convenient Kit (ALS)	Optional Use	09-30-19
Certadose Anaphylaxis Convenient Kit (BLS)	Pilot	09-30-19
Certadose PALS Syringe Holder Kit (ALS)	Optional Use	09-30-19
Electronic tracking systems for controlled substances PS Trax Comp X Target Solutions Tracking Modules Future products can be approved if compliant with Ref. No. 702	Optional Use	09-30-19
Prehospital Data Integration Software Twiage Pulsara eBridge	Pilot	09-30-19
S.T.A.T. Tourniquet	Insufficient Data	09-30-19
WoundClot Hemostatic Dressing	Insufficient Data	09-30-19
LUCAS Mechanical CPR Device	Optional Use	01-31-20
Autopulse Mechanical CPR Device	Pilot*	01-31-20

PRODUCT / INNOVATION	Recommendation	Date
*Autopulse approved for Optional Use 2/2021		
Impedence Threshold Devices and Active Compression Devices	Optional Use	01-31-20
Heads Up CPR/Device Assisted Controlled Sequential Elevation (e.g. Elegard)	Pilot	01-31-20
Auragain LMA	Pilot	03-31-20
Turkel and SPEAR Needle Decompression Devices	Optional Use	03-31-20
Translation Software e.g. Language Line Solutions, In Demand Interpreting	Implementation (type at provider agency discretion)	03-31-20
Lancet/ESO Health Data Exchange	Commentary Provided	09-30-20
EpiRite Syringe for EMTs	Pilot	09-30-20
Thermometers for EMS Use	Implementation	09-30-20
Optimum Traction Splint	Insufficient Data	12-31-20
FDA approved Traction Splints	Optional Use	12-31-20
Child Restraint Devices Neo-mate Pedi-mate Ambulance Restraint Device (ACR) Rescu-Air Other: <a href="https://nasemso.org/wp-content/uploads/Pediatric-Transport-Products-for-Ground-Ambulances_v2.2.pdf">https://nasemso.org/wp-content/uploads/Pediatric-Transport-Products-for-Ground-Ambulances_v2.2.pdf</a>	Optional Use (pediatric patients should be appropriately restrained for their size/weight -- type of restraint used is optional)	03-31-21
CPR Training Feedback Laerdal Team Reporter	Optional Use	03-31-21
Prehospital Data Integration Software Capture EMS	Pilot	03-31-21
Reeves Heavy Duty Flexible Stretcher (as backboard device)	Optional Use	08-30-21
Talon 90c Quad (as backboard device)	Insufficient Data	08-30-21
Dechoker Suction Airway Clearance Device	Insufficient Data	08-30-21
BD-IO Intraosseous Needle Device	Optional Use	08-30-21
LifeFlow PLUS Fluid Infuser	Optional Use	12-31-21
ResQR CPR Metronome	Optional Use	12-31-21
Video Laryngoscopes	Optional Use	12-31-21
BVM Select (device is pending FDA approval)	Deferred	03-31-22
XDcuff Soft Restraint	Optional Use	03-31-22
Handheld Ultrasound Technologies	Pilot	03-31-22
SAM Thorasite	Pilot	06-30-22
Handtevy Mobile App	Deferred	06-30-22
ExG 12 Lead ECG	Pilot	03-31-23
Pneumatic Capnospot	Pilot	03-31-23
NIO A/P/I Intraosseous Device	Optional Use	03-31-23
PAWPER-XL resuscitation tape	Insufficient Data	08-31-23
Junctional Tourniquets	Insufficient Data	08-31-23